

Quarterly Report on Mental Health Services Utilization for Children/Youth in the Child Welfare System

Reporting Period: April 1, 2016 to March 31, 2017

Produced in January 2018

Section I: Background

To inform efforts to improve mental health service delivery to children in the Child Welfare System (CWS), the California Department of Social Services (CDSS) is working with the Department of Health Care Services (DHCS) to produce reports on Specialty Mental Health Services (SMHS) utilization on a quarterly basis. DHCS currently uses matched data from the CDSS Child Welfare Services/Case Management System (CWS/CMS) and the DHCS Short-Doyle Medi-Cal (SDMC) claiming system. The SDMC and CWS/CMS are used to produce annual [Performance Outcomes System \(POS\) reports](#) summarizing SMHS Medi-Cal claims data for children in the CWS.¹ CDSS' quarterly reports not only increase reporting frequency using the matched data, but also expand upon DHCS' POS reports to include additional relevant information (e.g., CDSS' race/ethnicity data, more granular age groupings, psychotropic medication in conjunction with SMHS). The mental health services data in this report include only SMHS paid claims. Thus utilization rates do not reflect mental health services received through other programs such as school based counseling, Mental Health Services Act programs, and other grant funded services.

Section II: Methodology

This quarterly report provides SMHS utilization for: 1) children with an open child welfare case; and 2) the subset of children with an open child welfare case in foster care (those who resided in out-of-home care during the time period). Data in this report were extracted from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) data warehouse on November 14, 2017, and reflect SMHS utilization for these two groups that occurred from April 1, 2016, through March 31, 2017. Throughout this report, "penetration rates," defined as one or more days of SMHS, and "engagement rates," defined as five or more days of SMHS, are provided to reflect SMHS utilization for the various subgroups.² These rates are calculated by obtaining the percent of the total number of children. We present both in tables and figures, but for the discussion focus on engagement rates when present.

¹ SDMC data are extracted from the DHCS MIS/DSS. The most recent POS report includes data extracted on August 9, 2017, for State Fiscal Years (SFY) 2012-2013 through 2015-2016.

² The definitions for "penetration" and "engagement" were established by DHCS with feedback from subject matter experts who have contributed to the development of the DHCS POS.

Section III: Overall SMHS Utilization

SMHS Utilization by Population Groupings

Table 1 shows that during this period, 124,875 children had an open child welfare case. Of these children, 42.3 percent (52,779) had one or more days of SMHS claims and 31.8 percent (39,735) had five or more days of SMHS claims, which indicates that 75.3 percent of those with one or more days of SMHS claims had five or more days of SMHS claims.

Of the 124,875 children with an open child welfare case, 82,655 were in foster care at some point during the reporting period. Of these children in foster care, 47.3 percent (39,121) had one or more days of SMHS claims and 36.1 percent (29,873) had five or more days of SMHS claims during their time in foster care, which indicates that 76.4 percent of those with one or more days of SMHS claims had five or more days of SMHS claims.

Table 1: Specialty Mental Health Service Utilization – April 1, 2016 to March 31, 2017^{1,2}

	Unique Count of Children	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Children with Open Cases	124,875	52,779	42.3%	39,735	31.8%
Children in Foster Care	82,655	39,121	47.3%	29,873	36.1%

¹ Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

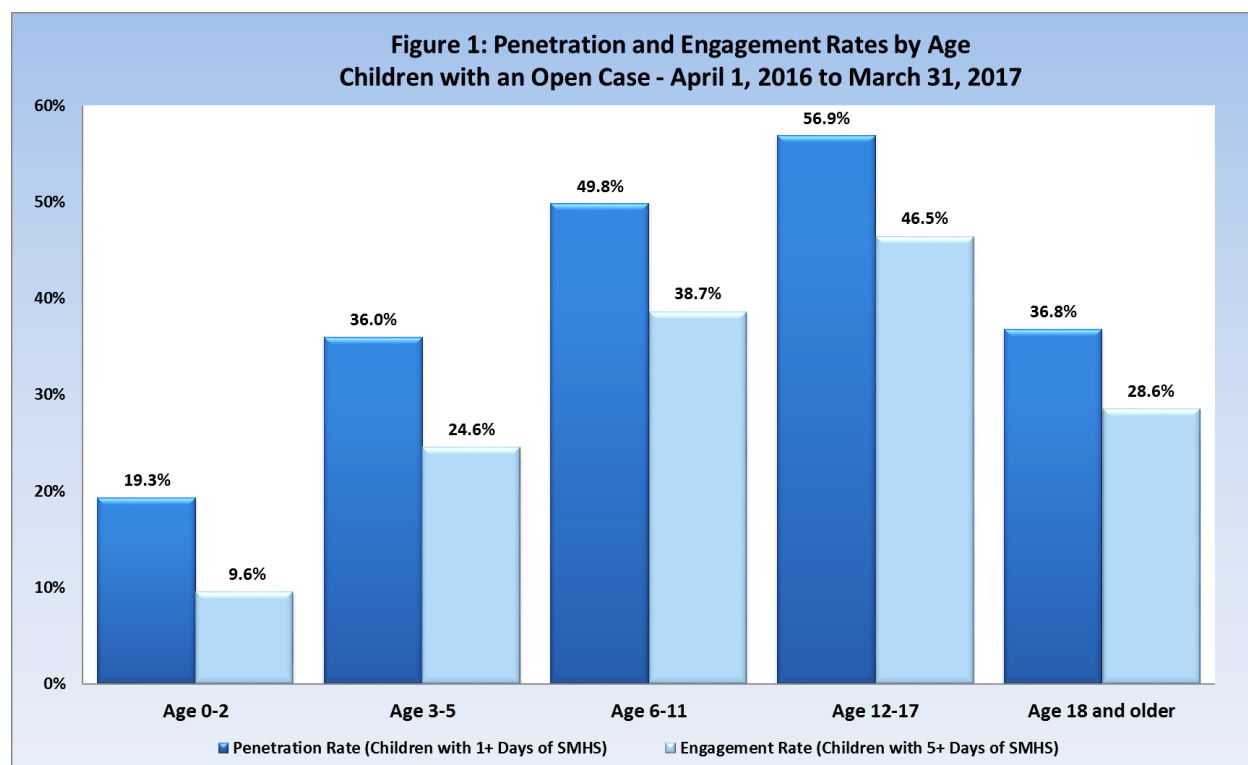
Section IV: Children/Youth with an Open Child Welfare Case - SMHS Utilization

This section presents SMHS data on the overall population of children with an open child welfare case from April 1, 2016 to March 31, 2017.

Children/Youth with an Open Child Welfare Case: Penetration and Engagement Rates by Age Group

Figure 1 and Table 2 present SMHS data for children by age group. This report includes an additional age breakout compared to POS reports – 0-5 year olds were split into 0-2 and 3-5 year olds. This additional group was added to reflect clinical practice patterns that initiate psychotherapy at age 3. While some SMHS may be provided prior to age 3, many treatments begin at age 3. Thus, the additional breakout was included to illustrate the increase in access to care that begins at age 3.

Children/youth between the ages of 12 and 17 had the highest engagement rate (46.5 percent) while children age 0 to 2 had the lowest engagement rate (9.6 percent).



Note:

Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

Age is calculated as of the last day of the reporting period.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 2: Specialty Mental Health Services by Age Group for Children in an Open Child Welfare Case – April 1, 2016 to March 31, 2017^{1,2}

Child Age ³	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	22,696	18.2%	4,386	19.3%	2,177	9.6%
3-5	22,031	17.6%	7,928	36.0%	5,422	24.6%
6-11	36,253	29.0%	18,061	49.8%	14,017	38.7%
12-17	31,141	24.9%	17,712	56.9%	14,472	46.5%
18 to 20	12,754	10.2%	4,692	36.8%	3,647	28.6%
Total	124,875	100%	52,779	42.3%	39,735	31.8%

¹ Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

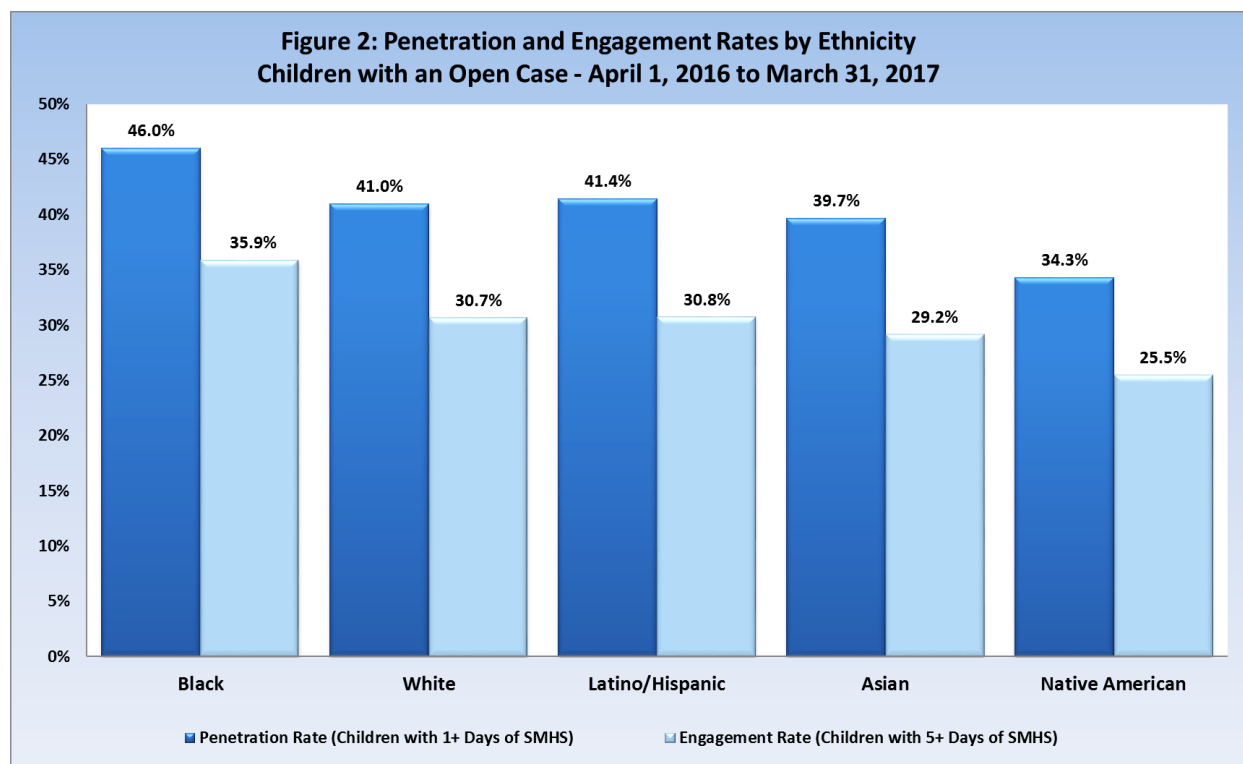
² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Age is calculated as of the last day of the reporting period.

Children/Youth with an Open Child Welfare Case: Penetration and Engagement Rates by CDSS Race/Ethnicity

As illustrated in Figure 2 and Table 3 below, the percentage of children with an open child welfare case who received five or more days of SMHS did not differ greatly by ethnicity. A slightly higher proportion (35.9 percent) of Black children received five or more days of services. Engagement rates for Latino, non-Latino White, and Asian American children were comparable (30.8 percent, 30.7 percent, and 29.2 percent, respectively). Native American children had the lowest engagement rates (25.5 percent). Differences must be interpreted with caution as statistical tests were not conducted to determine whether these differences reflect true population differences or random statistical variation.

Note: The race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.



Note:

Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

Race/Ethnicity is based on CWS/CMS. Child Race/Ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Age is calculated as of the last day of the reporting period.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 3: Specialty Mental Health Services by Race/Ethnicity for Children in an Open Child Welfare Case – April 1, 2016 to March 31, 2017^{1, 2}

Race/Ethnicity ³	Total # of Children	Percent by Race/Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	23,711	19.0%	10,911	46.0%	8,505	35.9%
White	25,416	20.4%	10,413	41.0%	7,797	30.7%
Latino/Hispanic	68,767	55.1%	28,497	41.4%	21,149	30.8%
Asian	2,934	2.3%	1,164	39.7%	856	29.2%
Native American	1,419	1.1%	487	34.3%	362	25.5%
Missing	2,628	2.1%	1,307	49.7%	1,066	40.6%
Total	124,875	100%	52,779	42.3%	39,735	31.8%

¹ Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Children/Youth with an Open Child Welfare Case: SMHS Utilization by Type of Service

According to claims data, 97.2 percent of the 52,779 children who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services, as well (39.4 percent; see Table 4).

Table 4: Specialty Mental Health Service by Type for Children in an Open Child Welfare Case – April 1, 2016 to March 31, 2017^{1,2}

SMHS Types³	# of Children with One or More SMHS⁴ (52,779)	% of Children with One or More SMHS
Mental Health (MH) Services	51,282	97.2%
Case Management	20,811	39.4%
Medication Support	12,165	23.0%
Intensive Care Coordination (ICC)	11,309	21.4%
Intensive Home Based Services	8,206	15.5%
Crisis Intervention	3,531	6.7%
Therapeutic Behavioral Services (TBS)	2,675	5.1%
Inpatient	2,046	3.9%
Crisis Stabilization	1,867	3.5%
Day Rehabilitation	566	1.1%
Day Treatment	272	0.5%
Psychiatric Health Facility (PHF)	172	0.3%
Crisis Residential	38	0.1%
Adult Residential	12	0.0%

¹ Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ For description of SMHS Types see the [Medi-Cal Specialty Mental Health Services Policy Change Supplement](#).

⁴ Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

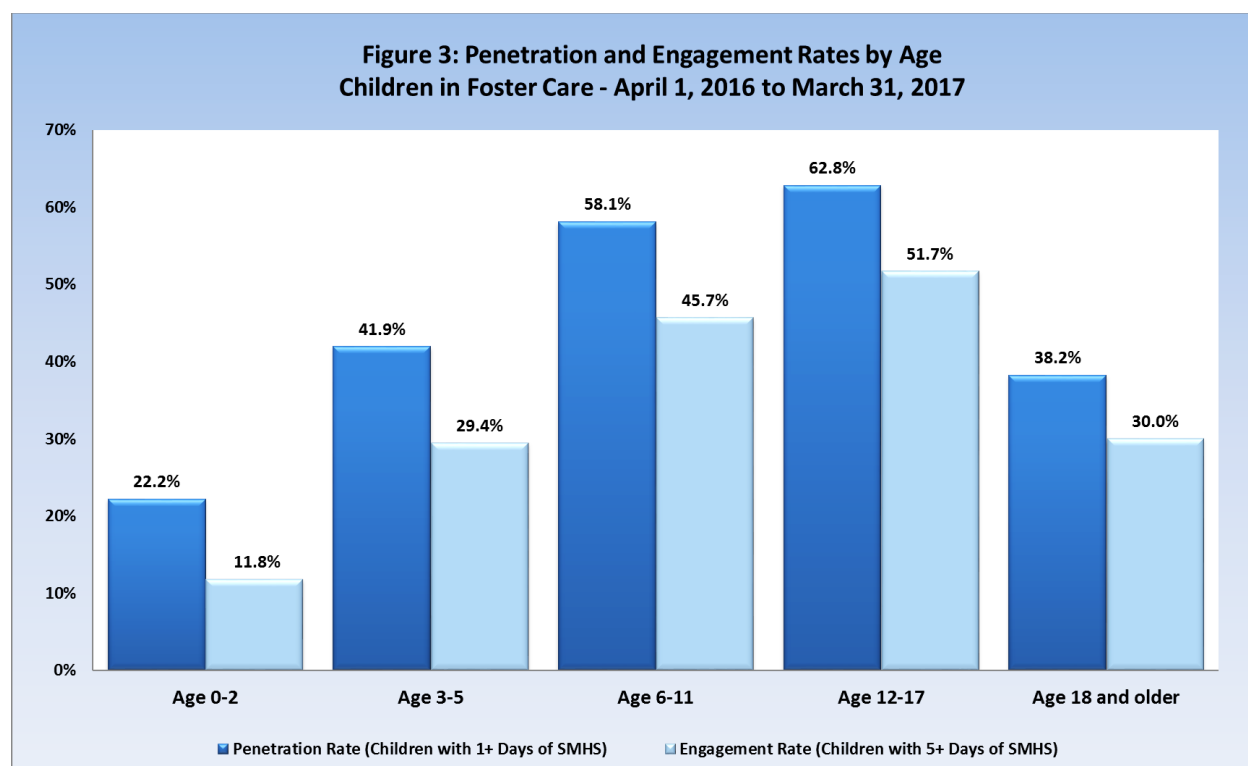
Section V: Children/Youth in Foster Care - SMHS Utilization

This section presents SMHS data on the subset of children and youth with an open child welfare case who also resided in an out-of-home placement (in foster care) at some point during the time period under review.

Note: In this section, the number of children used to calculate penetration rates (39,121) and engagement rates (29,873) exclude children who were in foster care at some point during the time period but did not receive a SMHS while in care and instead received a SMHS while at home. These children represent a relatively small portion of children in foster care: 1,647 children received their SMHS while they were in their homes.

Children/Youth in Foster Care: Penetration and Engagement Rates by Age Groups

As noted above, an additional age breakout category was added in this report (compared to POS reports) to capture variation in claims for children ages 0-2 and 3-5. As shown in Figure 3 and Table 5, a greater proportion of school age and adolescent children and youth (age 6-11 and 12-17) received five or more days of SMHS (engagement rates are 45.7 percent and 51.7 percent, respectively) when compared to children ages 0-2 (11.8 percent), 3-5 (29.4 percent), and youth 18-20 (30.0 percent).



Note:

Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

Age is calculated as of the last day of the reporting period.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 5: Specialty Mental Health Services by Age Group for Children in Foster Care – April 1, 2016 to March 31, 2017^{1, 2}

Child Age ³	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	15,355	18.6%	3,409	22.2%	1,808	11.8%
3-5	14,048	17.0%	5,891	41.9%	4,137	29.4%
6-11	21,468	26.0%	12,478	58.1%	9,814	45.7%
12-17	21,103	25.5%	13,261	62.8%	10,913	51.7%
18 to 20	10,681	12.9%	4,082	38.2%	3,201	30.0%
Total	82,655	100%	39,121	47.3%	29,873	36.1%

¹ Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

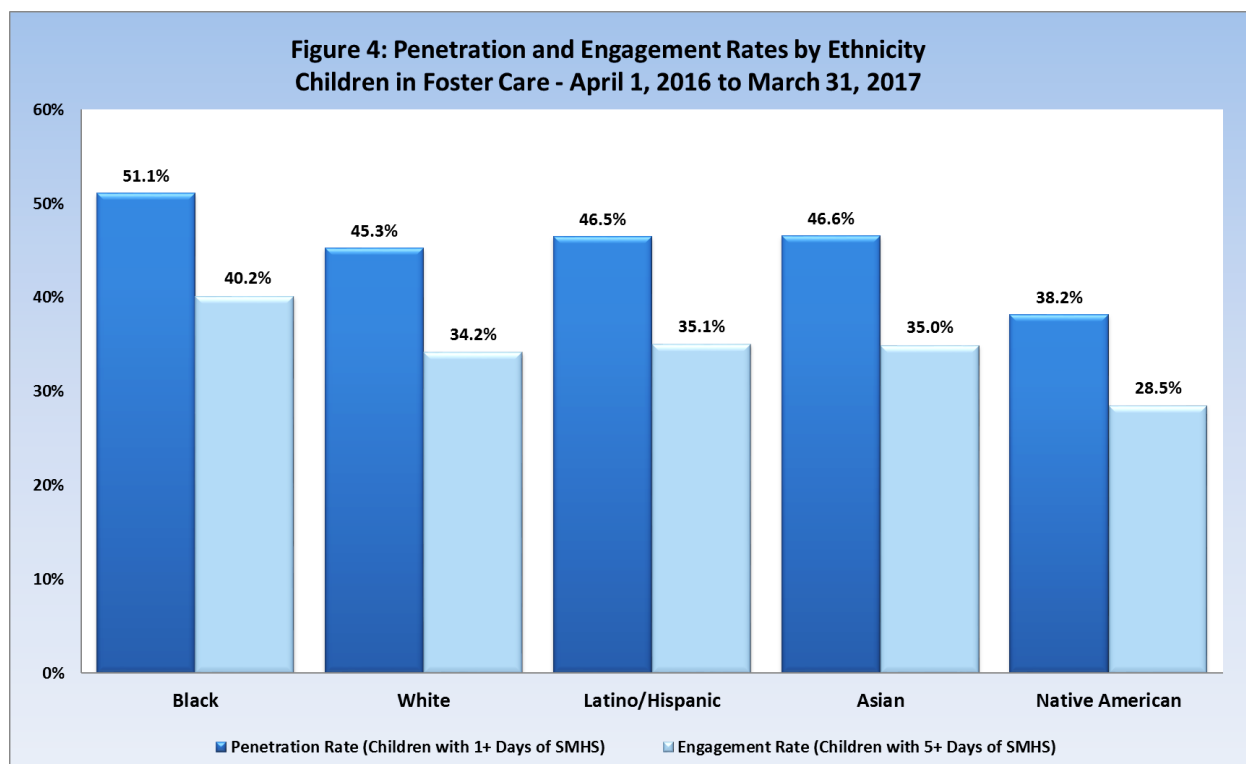
² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Age is calculated as of the last day of the reporting period.

Children/Youth in Foster Care: Penetration and Engagement Rates by CDSS Race/Ethnicity

Similar to the findings for the larger group of children with an open child welfare case, children in foster care with SMHS claims did not differ greatly by ethnicity (see Figure 4 and Table 6). Black youth had the highest engagement rates (40.2 percent), followed by roughly equivalent rates for Asian, Latino, and non-Latino White youth (35.0, 35.1, and 34.2 percent, respectively), and the lowest engagement rates for Native American youth (28.5 percent). Again, it is important to interpret these differences with caution as statistical tests were not conducted to determine whether these reflect true population differences or random statistical variation.

Note: the race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.



Note:

Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

Race/Ethnicity is based on CWS/CMS. Child Race/Ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 6: Specialty Mental Health Services by Race/Ethnicity for Children in Foster Care – April 1, 2016 to March 31, 2017^{1, 2}

Race/Ethnicity ³	Total # of Children	Percent by Race/Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	17,309	20.9%	8,849	51.1%	6,957	40.2%
White	18,594	22.5%	8,418	45.3%	6,359	34.2%
Latino/Hispanic	41,919	50.7%	19,489	46.5%	14,703	35.1%
Asian	1,748	2.1%	814	46.6%	611	35.0%
Native American	1,053	1.3%	402	38.2%	300	28.5%
Missing	2,032	2.5%	1,149	56.5%	943	46.4%
Total	82,655	100%	39,121	47.3%	29,873	36.1%

¹ Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Race/ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

SMHS Utilization by CWS Placement Type

As noted previously, 82,655 children with an open child welfare case were in foster care during this time period and of these children, 39,121 received a SMHS. Penetration rates differed by placement type for children in foster care. A higher proportion of children in group homes and county shelters/receiving homes received SMHS (70.9 and 68.7 percent, respectively) than children in other placements (see Table 7). More than half of children placed in foster family and agency certified homes received one or more SMHS during this time period, as well (53.3 and 54.2 percent, respectively).

Table 7: Specialty Mental Health Services by Placement Type for Children in Foster Care – April 1, 2016 to March 31, 2017^{1, 2}

Last Placement Type³	Total # of Children	Children with 1+ Days of SMHS	Penetration Rate
Group Home	8523	6042	70.9%
County Shelter/Receiving Home	275	189	68.7%
Foster Family Agency Certified Home	21187	11481	54.2%
Foster Family Home	7379	3932	53.3%
Relative/NREFM Home	29206	13753	47.1%
Non-Foster Care	1102	475	43.1%
Guardian Home	2880	791	27.5%
Court Specified Home	221	48	21.7%
Supervised Independent Living Placement	3399	712	20.9%
Pre-Adoptive	6089	1060	17.4%
Missing	747	638	85.4%
Total (not including children served while in home)	81,008	39,121	
In Foster Care at Some Point During Time Period but Served Only While in Home	1,647		
Total	82,655	39,121	47.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Placement Type was determined by identifying the child's placement as of the last date of service for those with a SMHS claim, and the child's last placement during the time period for those without a SMHS claim.

⁴ Includes children whose placement was in an 'Other' facility (ex. hospital, juvenile hall).

To further characterize mental health utilization for children residing in group homes, penetration rates were examined by group home Rate Classification Level (RCL). RCLs are funding categories which reflect the intensity of services provided at the group home. Group homes are categorized from a level 5 (at the lowest level of service intensity) to a level 14, reflecting the highest intensity of services provided. Thus, children and youth residing in higher level RCLs generally need a higher level of care and supervision than children in lower level RCLs. Analysis of claims data suggests that penetration rates are generally higher for children and youth in higher RCL homes than for those in lower RCL homes (see Table 8). Penetration rates were highest in RCL 14 homes: 96.6 percent of child welfare supervised and 89.8 percent of probation supervised children and youth in these homes had one or more days of SMHS.

Table 8: Specialty Mental Health services by Group Home RCLs for Children in Foster Care – April 1, 2016 to March 31, 2017^{1, 2}

Group Home RCL	Total # of Children	Percent by RCL	Children with 1+ Days of SMHS	Penetration Rate
Child Welfare Supervised Group Home RCL				
5 to 9	278	5.4%	228	82.0%
10	583	11.3%	453	77.7%
11	565	10.9%	431	76.3%
12	2,324	44.9%	1,951	84.0%
14	294	5.7%	284	96.6%
Unknown or No RCL ³	1,132	21.9%	896	79.2%
Total	5,176	100%	4,243	82.0%
Probation Supervised Group Home RCL				
5 to 10	530	15.8%	144	27.2%
11	184	5.5%	56	30.4%
12	1,506	45.0%	1,064	70.7%
14	88	2.6%	79	89.8%
Unknown or No RCL ³	1,039	31.0%	456	43.9%
Total	3,347	100%	1,799	53.7%

¹ Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Group homes with unknown or no RCLs are located out of state or do not receive a federal AFDC-FC payment (examples include regional center homes and county-run facilities).

Children/Youth in Foster Care: SMHS Utilization by Type of Service

According to claims data, 96.7 percent of the 39,121 children in foster care who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services, as well (40.2 percent; see Table 9).

Table 9: Specialty Mental Health Service by Types for Children in Foster Care – April 1, 2016 to March 31, 2017^{1, 2}

SMHS Types³	# of Children with One or More SMHS while in Foster Care⁴ (39,121)	% of Children with One or More SMHS
Mental Health (MH) Services	37,849	96.7%
Case Management	15,737	40.2%
Medication Support	10,080	25.8%
Intensive Care Coordination (ICC)	8,492	21.7%
Intensive Home Based Services	5,712	14.6%
Crisis Intervention	2,744	7.0%
Therapeutic Behavioral Services (TBS)	2,247	5.7%
Inpatient	1,553	4.0%
Crisis Stabilization	1,573	4.0%
Day Rehabilitation	552	1.4%
Day Treatment	250	0.6%
Psychiatric Health Facility (PHF)	154	0.4%
Crisis Residential	30	0.1%
Adult Residential	*	*

¹ Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

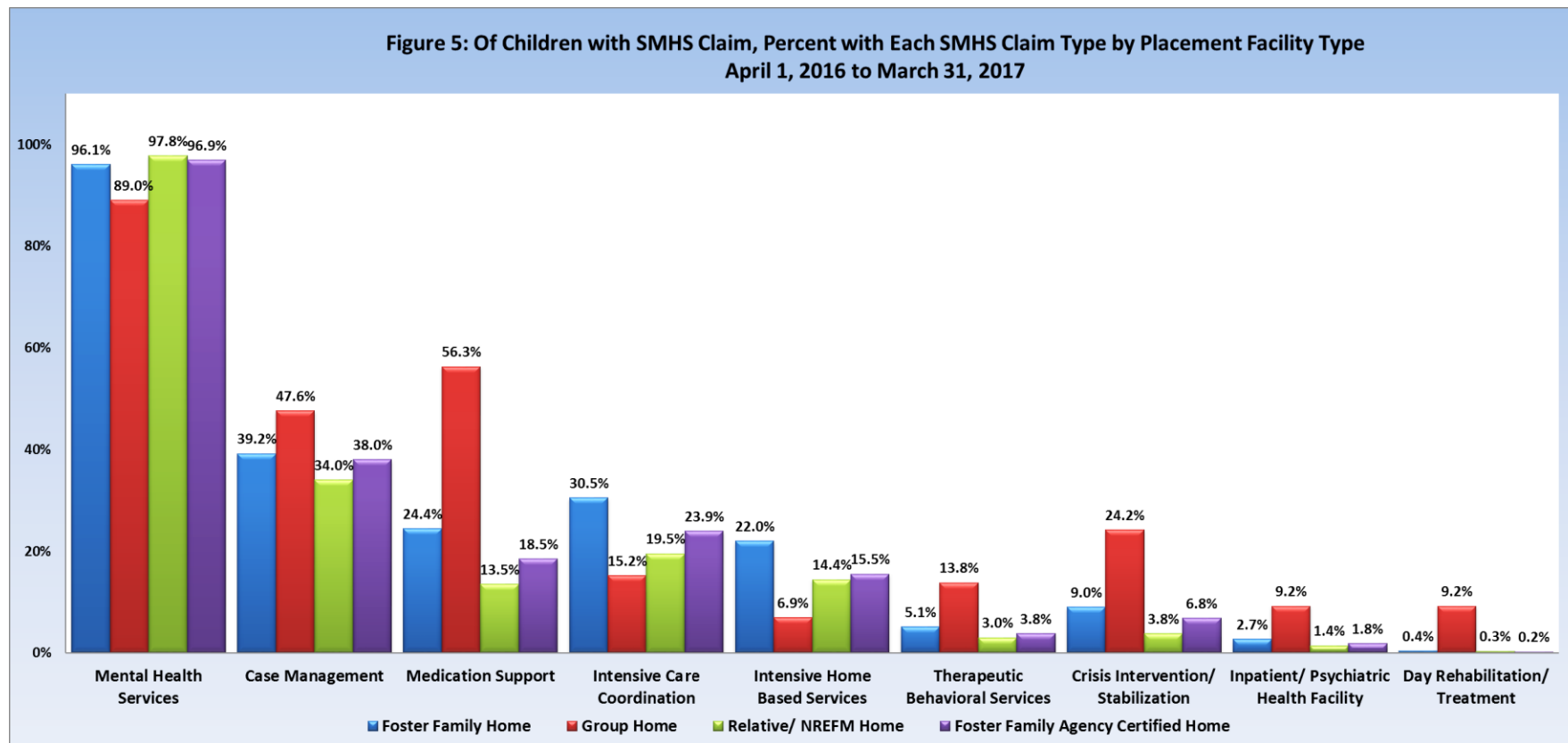
² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ For description of SMHS Types see the [Medi-Cal Specialty Mental Health Services Policy Change Supplement](#).

⁴ Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

Further analysis of SMHS utilization by service type examines children served by placement facility type. Figure 5 and Table 10 display the number and percent of children served within the four main placement facility types by the type of SMHS claim. For example, 96.1 percent of children who had a claim for SMHS while placed in foster family homes had a claim for Mental Health Services while 89.0 percent of children who had a claim for SMHS while placed in group homes had a claim for Mental Health Services.

Results indicate that a higher percentage of children served while in group homes have claims for medication support, crisis services, inpatient, and day rehabilitation/treatment, and a lower percentage of children had claims for ICC and IHBS relative to children served while in family home placement settings. The low percentages of children in group homes receiving ICC and IHBS are consistent with policies that were in place that restricted the use of ICC and IHBS services in group homes.



Note:

Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 10: Of Children with a SMHS Claim, Number and Percent with Each SMHS Claim Type by Placement Facility Type – April 1, 2016 to March 31, 2017^{1,2}

Placement Facility Type	Total Child Count ⁴	Mental Health Services ³		Case Management		Medication Support		Intensive Care Coordination		Intensive Home Based Services		Therapeutic Behavioral Services		Crisis Intervention/ Stabilization		Inpatient/ Psychiatric Health Facility		Day Rehabilitation / Treatment	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Foster Family Home	5,359	5,148	96.1%	2,102	39.2%	1,305	24.4%	1,636	30.5%	1,178	22.0%	272	5.1%	482	9.0%	143	2.7%	20	0.4%
Group Home	7,639	6,796	89.0%	3,633	47.6%	4,304	56.3%	1,160	15.2%	528	6.9%	1,054	13.8%	1,851	24.2%	704	9.2%	702	9.2%
Relative/ NREFM Home	15,320	14,980	97.8%	5,211	34.0%	2,073	13.5%	2,989	19.5%	2,208	14.4%	464	3.0%	585	3.8%	211	1.4%	47	0.3%
Foster Family Agency Certified Home	14,329	13,879	96.9%	5,449	38.0%	2,650	18.5%	3,428	23.9%	2,215	15.5%	548	3.8%	980	6.8%	255	1.8%	23	0.2%

¹ Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ For description of SMHS Types see the [Medi-Cal Specialty Mental Health Services Policy Change Supplement](#).

⁴ Child count is unduplicated within each placement facility type but may be duplicated across placement facility types. A child may be counted in several different placement facility types.

Children/Youth in Foster Care: SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

Statewide efforts have focused on examining the use of psychotropic medications to treat children in foster care. This report provides data regarding the utilization of SMHS by children ages 0-17 in foster care who had Medi-Cal paid claims for psychotropic medications. It should be noted that SMHS claims data include the various types of services listed in Tables 4 and 9.

As illustrated in Table 11 below, psychotropic medication claims were paid for 9,393 children and youth in foster care. Of these children, 7,625 (81.2 percent) had five or more days of SMHS during the same time period.

Of all the children who received a paid claim for a psychotropic medication, 373 children received at least one paid claim for an antipsychotic medication exclusively, 6,508 received a paid claim for other drug classes of psychotropic exclusive of antipsychotic, and 2,512 children received both an antipsychotic and at least one other medication of another class of psychotropic medication. Of the children for whom a claim for antipsychotic only was paid, 280 (75.1 percent) received five or more days of SMHS. This rate is lower than for children on non-antipsychotic psychotropic medications only (5,173 children, or 79.5 percent) and for those receiving both an antipsychotic and at least one other psychotropic (2,172 children, or 86.5 percent).

Table 11: Utilization of Specialty Mental Health Services for Children¹ in Foster Care with a Paid Claim for Psychotropic Medication² – April 1, 2016 to March 31, 2017³

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication ⁴	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Any Psychotropic	9,393	8,181	87.1%	7,625	81.2%
Antipsychotic Psychotropic only ⁵	373	308	82.6%	280	75.1%
Antipsychotic and Non-Antipsychotic Psychotropic ⁶	2,512	2,259	89.9%	2,172	86.5%
Non-Antipsychotic Psychotropic Only ⁷	6,508	5,614	86.3%	5,173	79.5%

¹ Unduplicated children ages 0-17 were included.

² Data source: CWS/CMS 2017Q3 Extract and MIS/DSS November 2017 Extract

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

⁵ Children who received at least one paid claim for an antipsychotic medication only.

⁶ Children who received at least one paid claim for both an antipsychotic psychotropic medication and a non-antipsychotic psychotropic medication.

⁷ Children who received at least one paid claim for a non-antipsychotic psychotropic medication.

Children/Youth in Foster Care: Timeliness of SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

The length of time between a paid claim for medication and a SMHS claim was calculated to explore the extent to which children received SMHS in conjunction with their receipt of psychotropic medication. The majority of children (97.0 percent) had a SMHS claim submitted within 30 days of their psychotropic medication claim (see Table 12).

Table 12: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service^{1, 2} – April 1, 2016 to March 31, 2017³

Number of Days	# of Children ⁴ with a Paid Claim for Psychotropic Medication with 1+ Days of SMHS	Percent
30 days or less	7,938	97.0%
31-60 days	98	1.2%
61-90 days	42	0.5%
91-120 days	29	0.4%
121-365 days	74	0.9%
Total	8,181	100.0%

¹ Data source: CWS/CMS 2017Q3 Extract and MIS/DSS November 2017 Extract

² Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Unduplicated children ages 0-17 were included.

Children/Youth in Foster Care: SMHS Utilization Excluding Medication Support for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

To further characterize mental health service utilization for children in foster care receiving psychotropic medications, SMHS claims were analyzed excluding medication support. The intent of this analysis was to determine whether there were children receiving psychotropic medication who only received medication support and did not receive other SMHS. The penetration rates did not differ substantially from penetration rates that included medication support: 87.1 percent of children with a psychotropic medication claim received an SMHS including medication support, 85.5 percent received concurrent SMHS excluding medication support. This suggests most children who are prescribed psychotropic medication receive SMHS, with only a small portion of those youth only receiving medication support. Engagement rates and timeliness of services for children with psychotropic medications also were similar when excluding medication support (see Tables 13 and 14).

Table 13: Utilization of Specialty Mental Health Services Excluding Medication Support for Children¹ in Foster Care with a Paid Claim for Psychotropic Medication² – April 1, 2016 to March 31, 2017³

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication ⁴	Children with 1+ Days of SMHS Excluding Medication Support	Penetration Rate	Children with 5+ Days of SMHS Excluding Medication Support	Engagement Rate
Any Psychotropic	9,393	8,034	85.5%	7,550	80.4%
Antipsychotic psychotropic only ⁵	373	302	81.0%	277	74.3%
Antipsychotic and Non-Antipsychotic Psychotropic ⁶	2,512	2,228	88.7%	2,152	85.7%
Non-Antipsychotic Psychotropic Only ⁷	6,508	5,504	84.6%	5,121	78.7%

¹ Unduplicated children ages 0-17 were included.

² Data source: CWS/CMS 2017Q3 Extract and MIS/DSS November 2017 Extract

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

⁵ Children who received at least one paid claim for an antipsychotic medication only.

⁶ Children who received at least one paid claim for both an antipsychotic psychotropic medication and a non-antipsychotic psychotropic medication.

⁷ Children who received at least one paid claim for a non-antipsychotic psychotropic medication.

Table 14: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service Excluding Medication Support ^{1,2} – April 1, 2016 to March 31, 2017³

Number of Days	# of Children ⁴ with a Paid Claim for Psychotropic Medication with 1+ Days of SMHS Excluding Medication Support	Percent
30 days or less	7,762	96.6%
31-60 days	109	1.4%
61-90 days	51	0.6%
91-120 days	33	0.4%
121-365 days	79	0.9%
Total	8,034	100.0%

¹ Data source: CWS/CMS 2017Q3 Extract and MIS/DSS November 2017 Extract

² Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Unduplicated children ages 0-17 were included.

Section VI: Conclusion

This report presents an analysis of SMHS utilization by children with open child welfare cases, including focused analyses on children in foster care. The results suggest that a substantial percentage of children (42.3 percent) received at least one or more days of SMHS, and the majority of these children (75.3 percent) received five or more days of SMHS. Differences in service utilization by demographic characteristics were minimal, however, a greater proportion of children ages 6-17 received SMHS. Fewer very young children (5 and younger) and older youth (18 and older) received services.

Focusing on children in foster care, a greater proportion of children in group homes and shelters received services than children in other placements, and within group homes the highest utilization rates were found in the highest RCLs. Children in group homes also had claims for medication support services and crisis intervention/stabilization at much higher rates than other children in foster care, and much lower rates of intensive care coordination and intensive home based services. Further, the majority (87.1 percent) of children in foster care on psychotropic medication received at least one corresponding SMHS, and 81.2 percent received five or more SMHS. Almost all children (97 percent) with a paid claim for a psychotropic medication and SMHS received a SMHS within 30 days.